



Rules of
Department of Insurance
Division 100—Division of Consumer Affairs
Chapter 3—Fraudulent Practices

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**Title 20—DEPARTMENT OF
INSURANCE**
**Division 100—Division of Consumer
Affairs**
Chapter 3—Fraudulent Practices

**20 CSR 100-3.100 Fraud Investigation
Reports**

PURPOSE: This rule sets forth the forms to be used in reporting fraudulent insurance acts to the Missouri Department of Insurance under sections 375.991–375.994, RSMo.

(1) The Fraud Investigation Report (Insurer) form set forth as Exhibit 1 of this rule shall be used by any insurer reporting an allegation of a fraudulent insurance claim to the department. This form also may be used by an insurer seeking the department's assistance in the investigation and prosecution alleged fraudulent insurance claims and other types of fraudulent insurance acts.

(2) The Fraud Investigation Report (Consumer) form set forth as Exhibit 2 of this rule shall be used by any noninsurer for reporting a fraudulent insurance act to the department.

AUTHORITY: sections 374.045, RSMo 1986 and 375.991, 375.992, 375.993 and 375.994, RSMo Supp. 1990. Original rule filed Sept. 15, 1992, effective June 7, 1993.*

**Original authority: 374.045, RSMo 1967 and 375.991–375.994, RSMo 1990.*



STATE OF MISSOURI DEPARTMENT OF INSURANCE FRAUD INVESTIGATION REPORT (INSURER)

Exhibit 1

CONFIDENTIAL

This report and the attached documents are confidential to the extent provided under Section 375.993 of the Revised Statutes of Missouri.

INSURER REPORTING REQUIREMENTS

- Claim Reporting Only: Insurers who seek only to report a suspected fraudulent insurance claim... Assistance Requested, Claim: Insurers who seek to report a suspected fraudulent insurance claim... Assistance Requested, Non-Claim: Insurers requesting the Department's assistance...

Send this form, along with any attachments to:

Consumer Fraud Unit Department of Insurance P.O. Box 690 Jefferson City, Missouri 65102-0690

PLEASE PRINT, TYPE OR WRITE CLEARLY

Form with sections: 1 NAME OF COMPANY, MAILING ADDRESS, 2 NAME OF INSURED, 2a EMPLOYER NAME, 3 WHO IS COMPLAINT AGAINST?, 4 GROUP OR CERTIFICATE NUMBER, 5 CLAIM NUMBER, 6 NATURE OF COMPLAINT, DETAILS OF COMPLAINT, SIGNATURE OF COMPANY REPRESENTATIVE, DATE, POSITION.

- A. A cover letter on company stationery must accompany each case submitted for investigation, in addition to this Consumer Fraud Report.
- B. The request for investigation should contain the following information:
1. Full name, date of birth, address and social security number, occupation and employer of the insured.
 2. Full name, date of birth, address and social security number, occupation and employer of claimant.
 3. Date and location of accident, loss or theft.
 4. Brief summary of facts relating to the claim. If settled, show amount of settlement.
 5. If injury involved, list name and address of each doctor consulted, records of treatments and charges submitted by each doctor.
 6. If claimant treated in hospital, list name of hospital, date of admission, and itemized charges.
 7. Name and office address of each attorney, date retained, and copies of all demand letters.
 8. Narrative statement of reasons why claim is suspected to be fraudulent with documentation.
- C. Attachments
1. Copy of Proof of Loss to your company. If property involved, submit complete description.
 2. Copy of Index Bureau Report, if applicable.
 3. Copy of the official accident report.
 4. Copy of any additional documents that may indicate fraud, such as photographs.
 5. Copy of all statements taken. Recorded statements must be transcribed.
 6. Copy of coverage analysis.

Please retain all original documents, along with the postmarked envelopes in which they were received, in your claim file.

In some cases it may be necessary for an investigator from the Consumer Fraud Unit to have access to the entire file. In these instances, an official request in writing will be made by this Department to the company's claims manager for the entire file to be forwarded.

Section 375.993.2 RSMo Supp 1991 provides:

2. No insurer, employees or agents of any insurer or any other person acting without malice, shall be subject to civil liability for libel or otherwise by virtue of the filing of reports or furnishing other information requested by this section or required by the Department of Insurance as a result of the authority granted in this section.



STATE OF MISSOURI DEPARTMENT OF INSURANCE FRAUD INVESTIGATION REPORT (CONSUMER)

Exhibit 2

CONFIDENTIAL

This report and the attached documents are confidential to the extent provided under section 375.993 of the Revised Statutes of Missouri.

INSTRUCTIONS

Please complete all items below and enclose copies of any correspondence or other papers which you feel would help the investigation of your complaint. Sign and date at the bottom.

Send completed form along with any attachments to:

Consumer Fraud Unit Department of Insurance P.O. Box 690 Jefferson City, Missouri 65102-0690 Telephone: (314) 751-2640 Telecommunications Device for the Deaf (TDD) Number: (314) 526-4536

PLEASE PRINT, TYPE OR WRITE CLEARLY

Form with fields for: 1. NAME OF COMPANY, TELEPHONE NUMBER, MAILING ADDRESS, 2. NAME OF INSURED, 2a. EMPLOYER NAME, 3. WHO IS COMPLAINT AGAINST?, 4. GROUP OR CERTIFICATE NUMBER, POLICY OR I.D. NUMBER, EFFECTIVE DATE, 5. CLAIM NUMBER, AGENT NAME, DATE OF LOSS, 6. NATURE OF COMPLAINT (checkboxes for LIFE, GROUP HEALTH, INDIVIDUAL HEALTH, AUTO, FIRE HOMEOWNERS, WORKERS COMPENSATION, OTHER), DETAILS OF COMPLAINT, SIGNATURE OF CONSUMER, DATE.